





USOE - SIS 2000+

Food Service Managing Applications On the Web



Table of Contents

Eligibility Guidelines – Food Service	3
Food Service Permissions	4
Contact / Parent / Guardian Permissions	6
Creating a new Contact Group	6
Contact Login Information	7
Manage Applications	10
Applications	11
Create New Applications	12
New Applications	
Electronic Signature (checking the Box)	13
Household Members	15
Benefits	16
Homeless, Migrant, Runaway	17
Gross Income	17
Children's Ethnic and Racial Identities	18
CHIP (Children's Health Insurance Plan) on Application	18
Eligibility	19
Set Account Statuses	20
Making Changes to an Application – Re Apply	20
Accounts – Checking Student Statuses	23







Eligibility Guidelines - 2013-2014

Food and Nutrition Service

Child Nutrition Programs; Income Eligibility Guidelines

			Effective	from		July 1, 201	13	to	June 30, 2014			
	FEDERAL											
	POVERTY											
	GUIDELINES		REDUCED	PRICE MEALS	- 185 %				FREE	MEALS - 130	%	
				TWICE	EVERY					TWICE	EVERY	
HOUSEHOLD				PER	TWO					PER	TWO	
SIZE	ANNUAL	ANNUAL	MONTHLY	MONTH	WEEKS	WEEKLY		ANNUAL	MONTHLY	MONTH	WEEKS	WEEKLY
		48 CO	NTIGUOUS STAT	res, DISTRICT	OF COLUMBIA	A, GUAM, ANI	D TER	RRITORIES				
1	11,490	21,257	1,772	886	818	409		14,937	1,245	623	575	288
2	15,510	28,694	2,392	1,196	1,104	552		20,163	1,681	841	776	388
3	19,530	36,131	3,011	1,506	1,390	695		25,389	2,116	1,058	977	489
4	23,550	43,568	3,631	1,816	1,676	838		30,615	2,552	1,276	1,178	589
5	27,570	51,005	4,251	2,126	1,962	981		35,841	2,987	1,494	1,379	690
6	31,590	58,442	4,871	2,436	2,248	1,124		41,067	3,423	1,712	1,580	790
7	35,610	65,879	5,490	2,745	2,534	1,267		46,293	3,858	1,929	1,781	891
8	39,630	73,316	6,110	3,055	2,820	1,410		51,519	4,294	2,147	1,982	991
For each add'I family												
member, add	4,020	7,437	620	310	287	144		5,226	436	218	201	101
					ALASKA							
1	14,350	26,548	2,213	1,107	1,022	511		18,655	1,555	778	718	359
2	19,380	35,853	2,988	1,494	1,379	690		25,194	2,100	1,050	969	485
3	24,410	45,159	3,764	1,882	1,737	869		31,733	2,645	1,323	1,221	611
4	29,440	54,464	4,539	2,270	2,095	1,048		38,272	3,190	1,595	1,472	736
5	34,470	63,770	5,315	2,658	2,453	1,227		44,811	3,735	1,868	1,724	862
6	39,500	73,075	6,090	3,045	2,811	1,406		51,350	4,280	2,140	1,975	988
7	44,530	82,381	6,866	3,433	3,169	1,585		57,889	4,825	2,413	2,227	1,114
8	49,560	91,686	7,641	3,821	3,527	1,764		64,428	5,369	2,685	2,478	1,239
For each add'l family												
member, add	5,030	9,306	776	388	358	179		6,539	545	273	252	126
					IAWAH							
1	13,230	24,476	2,040	1,020	942	471		17,199	1,434	717	662	331
2	17,850	33,023	2,752	1,376	1,271	636		23,205	1,934	967	893	447
3	22,470	41,570	3,465	1,733	1,599	800		29,211	2,435	1,218	1,124	562
4	27,090	50,117	4,177	2,089	1,928	964		35,217	2,935	1,468	1,355	678
5	31,710	58,664	4,889	2,445	2,257	1,129		41,223	3,436	1,718	1,586	793
6	36,330	67,211	5,601	2,801	2,586	1,293		47,229	3,936	1,968	1,817	909
7	40,950	75,758	6,314	3,157	2,914	1,457		53,235	4,437	2,219	2,048	1,024
8	45,570	84,305	7,026	3,513	3,243	1,622		59,241	4,937	2,469	2,279	1,140
For each add'l family												
member, add	4,620	8,547	713	357	329	165		6,006	501	251	231	116

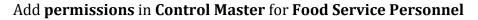
More information can be found at this website:

http://www.fns.usda.gov/cnd/governance/notices/iegs/iegs.htm



Applications -







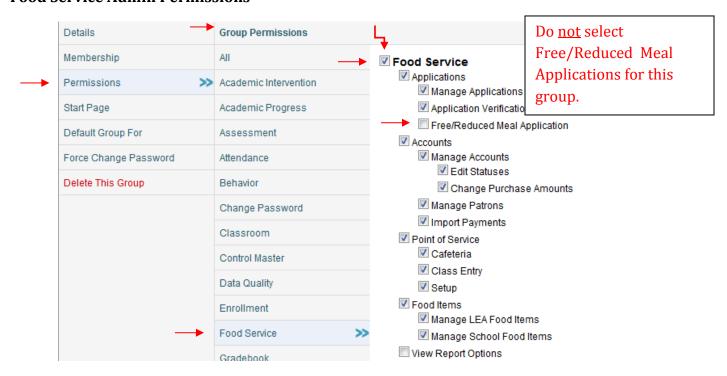
Select: Edit Groups -

Group: Food Service Admin (if you do not have this group - Select: Create New and create it)

Food Service Admin-select all permissions except for Contact Applications (see example below) and Save - Reset Save > .

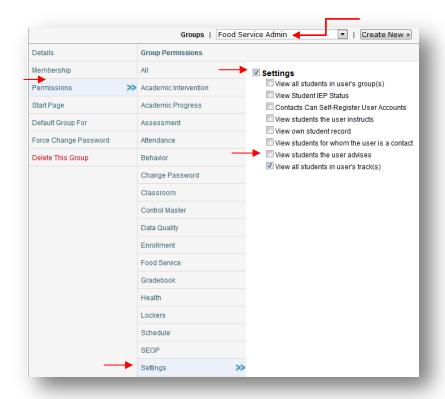
Contact Applications permission assigns the permission to Contacts: Parents/Guardians to login on the web and submit an Online Food Service Eligibility Application for free or reduced meals.

Food Service Admin Permissions





Continuing go to Group Permissions: Settings – Select - View all students in user's track(s) and Save



If you need help setting permissions, please contact your SIS2000+ specialist.

Keep your student data secure.







Online Applications

via the web

Only may be submitted by Contacts - Parents / Guardians If you already have a Contacts group created - skip to page

If parents/guardians do not login to your SIS2000+ software with their own-Contacts /Parents/Guardians user name and password, the online application software will not be available to them.

In other words, if contacts / parents/guardians login under their student ID's and passwords, they will not be able to use the online application software for food service.

Parents / Guardians can still submit a regular paper application directly to the Food Service Personnel at the school. Online Applications are optional.

To Create a Contact group for parents and guardians, etc. for using Online Applications – Go to Control Master

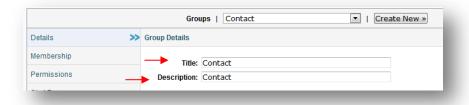


Select -Edit Groups

Select - Create New (if you don't already have Contact Group created)



Add Title and Description



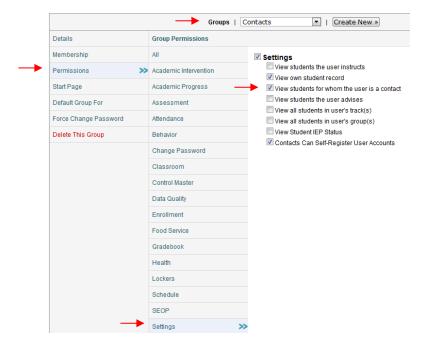


Add - Permissions - Group Permissions: Food Service -Select: Free/Reduced Meal Application for Contacts group.



Continuing ---- go to Group Permissions - select: Settings

To allow contacts/ parents / guardians to view their student's account information Select - View students for whom the user is a contact

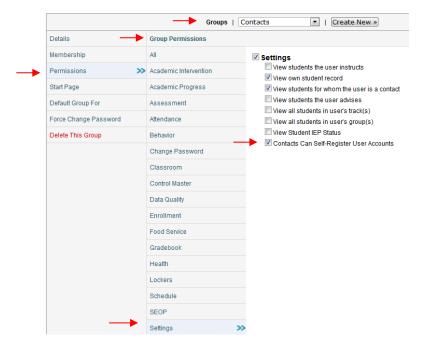


User Accounts

To allow users to Self-Register for a login account - Select - Contacts can Self-Register



Setup permissions for Online Applications in Control Master



For more information to help contacts setup an account – visit our website: Under Training Video Clips

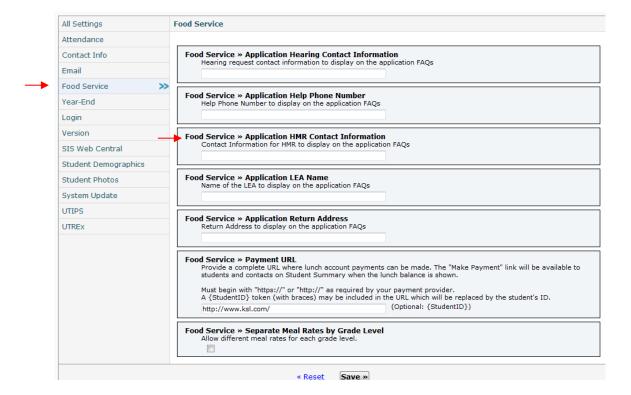
http://www.schools.utah.gov/computerservices/Services/Student-Information-System/Ouick-Guides.aspx







To setup a phone number for users to call if they are homeless, migrant, or a runaway is added under Control Master – under Edit Settings under Food Service

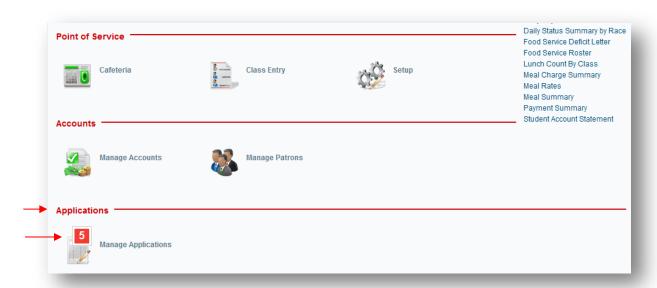






Applications - Manage Applications

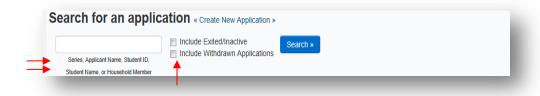
When a contact /parents / guardians submit a new Online Application – Food Service Personnel will see it in the Manage Applications screen with the number of applications that need processed.





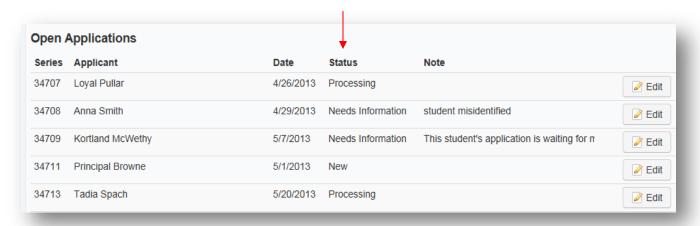
Select - Manage Applications

Users can search on this screen by Series (application series number), Applicant Name, Student ID, Student Name, or Household Member. Options: Include Exited / Inactive (Students) or Include Withdrawn Applications

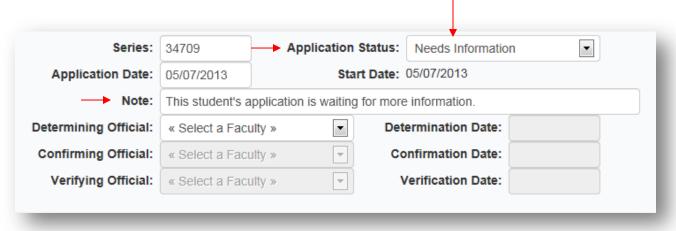




Applicants don't always give all critical information when submitting the application. Users may need to contact the applicant for more information to finish processing the application.



Add Application Status: Needs Information and add notes (optional) for referencing about information needed for the application.

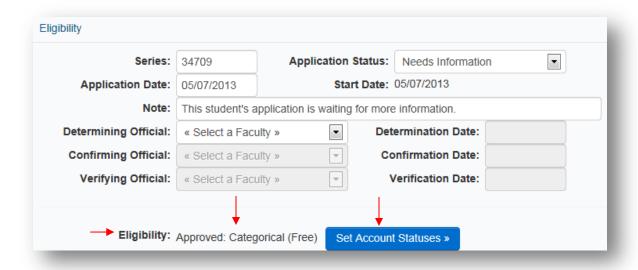


After receiving the information to finish the application, add the information and save application.



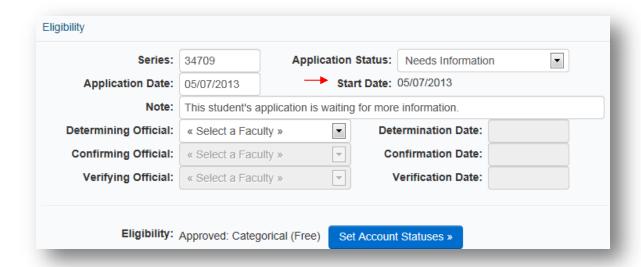


When all pertinent information has been entered – continue and set the status for the students.



Once the Status has been set - the students on the application are approved for Free or reduced meals and will be charged accordingly for their meals starting the day the account status is set and approved.

Start Date will show the day the Eligibility for the set status will start.





Creating a New Application -

Select - << Create New Application >>



Selecting the words: Eligibility, Application, and Sharing Information With Medicaid / CHIP will collapse (close) the screen for easier viewing and entering information.

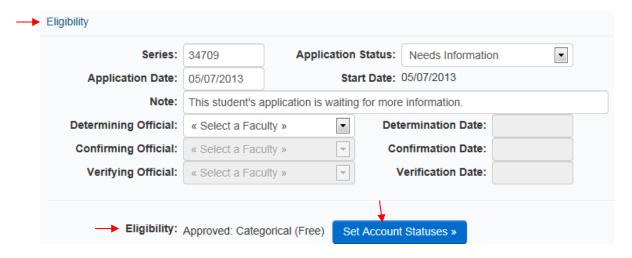


Eligibility - will be the last part of the application a user will do.

Eligibility was added to the beginning of the application rather than at the end because users will be accessing it often for finalizing the application information.

Users may collapse the Eligibility screen for easier viewing and entering information until they are ready to enter the final information for setting account statuses:

→ Eligibility - Determining Official Determination Date - added for auditing
Confirming Official Confirmation Date - added for auditing
Verifying Official Verifying Date - added for auditing





New Application

Application	1										
PART 1. C	HILDREN										
Names of	all childre	n	① Add								
First	Middle Ini	tial	Last	School	Student	ID Gr	ade F	oster Child	No Incom	e LEA	Student ID
		Click Add button									
PART 2. E	BENEFITS										
If any mem	ber of your	household receiv	es Utah SNA	AP, FDPIR, or	FEP, provide	the nam	e and case n	umber of the p	erson who recei	ves benefits.	
Do not list	16 digit EBT	card number, So	cial Security	y Number, Me	edicare/Medic	aid numb	ers, or any r	number other t	han the case num	nber.	
Program:	« None »	•	Benef	iciary:				Case	Number:		
		S / MIGRANT / olying for is HOM			UNAWAY, che	eck the a	ppropriate be	ox and call Joh	ın Smith (801)55	5- 1212 .	
Home			-		igrant				inaway		
PART 4. 1	TOTAL HO	USEHOLD GR	OSS INCO	ME							
List all othe	er family me	mbers, including	children wit	th income							
NAME		HOW MUCH IN	NCOME AN	ID HOW OF	TEN IT WAS	S RECE	IVED				
		l	Earnings f	rom WORK			support,	Pension, re Social Secu benefits	tirement, ırity, SSI, VA	All other in	
First	Last	No Income	Income	How Ofte	alimony en Incom		ow Often	Income	How Often	Income	How Often
		ers added. Clic			in moon		OW Official	moonic	now onen	moonic	now onen
		RE AND LAST F			IAI SECIID	ITV NIII	MBED (ADI	III T MIIST SI	(CN)		
							•		•	to of his or he	r Cosial Cosurity
		do not have a So								its of fils of file	er Social Security
		I information on th				-				unde haead on	the information I
									_		benefits, and I may
be prosecu		crioor omerate may	verily (elleel	ny are imorrial	ion. I andcrota	na trat ii	parpoocry gr	ve raioe imornio	tion, my cimaren i	nay loce meal	benento, ana rmaj
Signature											
		rnishing true inforn	nation and ar	n advised that	this application	n is being	made in con	nection with the	receipt of Federal	funds	
		verify the informa									
Deliber	rate misrepre	sentation of the in	formation ma	y subject the	applicant to pro	osecution	under State a	and Federal stat	utes		
■ By ch	ecking the	this box, I agr	ee to be b	ound by the	e precedina	statem	ents				
	Information				- processing						
First Nan							Last Name	e:			
Address	1:						Phone Nu	mber:			
Address											
City:	۷.						State: « S	State ::	•	Zip Code	
_	curity Num	hor					State. « S	state »		Zip Code	•
	curity Num	Social Security	Number: *	***_**_			□ I do no	ot have a Soc	ial Security N	umber	
					ntary the Natio	nal Scho	ol Lunch Act r	requires the last	4 digits of a socia	I security num	ber or an indication
		the application.			•			•	_		
PART 5.	SIGNATUR	RE AND LAST F	OUR DIGI	TS OF SOC	IAL SECUR	ITY NUI	MBER (ADI	ULT MUST S	IGN)		
1										its of his or h	er Social Security
		do not have a So I information on th		-						unds based on	the information I
1											benefits, and I ma
be prosecu											
Signature					and a second	_ :				16	
		rnishing true inforn verify the informa			triis application	n is being	made in con	nection with the	receipt of Federa	Tunds	
1		esentation of the in			applicant to pro	osecution	under State a	and Federal stat	utes		
By ch	ecking the	this box, I agi	ee to be b	ound by the	e preceding	statem	ents				



Applicant Information

Address 1: Phone Number:	Applicant Information									
State: State:	First Name:				Last Name:					
State: « State »	Address 1:				Phone Numb	er:				
Ast four digits of Social Security Number: ************************************	Address 2:									
Ido not have a Social Security Number: ****.*** Ido not have a Social Security Number	City:				State: « State	e »	•	Zi	p Code:	
White disclosure of the last 4 digits of a social security number is voluntary the National School Lunch Act requires the last 4 digits of a social security number or an indic if 'none' for approval of the application. **PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL) **Choose one ethnicity** **Choose one ethnicity* **Ispanic/Latino** **Not Hispanic/Latino** **White** **Not Hispanic/Latino** **White** **Ispanic/Latino** **White** **Not Hispanic/Latino** **Not Hispanic/Latino** **White** **Not Hispanic/Latino** **White** **Not Hispanic/Latino** **Not Hispanic/Latino** **White** **Not Hispanic/Latino** **	Social Security Number									
Transet* for approval of the application. **PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTTIES (OPTIONAL)** **Process on ethnicity** **Impanic/Latino** **Not Hispanic/Latino** **Not Hispanic/Latino** **Not Hispanic/Latino** **Not Hispanic/Latino** **White** **Not Hispanic/Latino** **Not Hispanic/Latino** **White** **Not Hispanic/Latino** **Not Hispanic/Lat	ast four digits of Social Securit	y Number: ***-	**_		I do not h	ave a Soc	cial Securi	ty Numb	er	
ART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL) Choose one of thinicity	While disclosure of the last 4 digits of a s	ocial security num	ıber is volu	ntary the National Sci	nool Lunch Act requi	ires the last	4 digits of a	social secu	ırity number or an	indica
Choose one ethnicity Asian American Indian/Alaskan Native Mispanic/Latino Not Hispanic/Latino Not Hispanic/La	of "none" for approval of the application.									
Hispanic/Latino Not Hispanic/Latino White Native Hawaiian/Other Pacific Islander Joe of Information Statement Ne Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot appround reflect for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The ocial security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance leady Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate a adult household member signing the application does not have a social security number. We will use your information to determine if your child or when you indicate a adult household member signing the application does not have a social security number. We will use your information to determine if your child or when you indicate a adult household member signing the application does not have a social security number. We will use your information to determine if your child or when you indicate a dult thousehold member signing the application does not have a social security number. We will use your information with education, health, and utrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into iolations of program rules. SHARING INFORMATION WITH MEDICAID / CHIP Dear Parent/Guardian: If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the Children's Health Insurance Program (Hillips) to get regular health care and are less likely to miss school because of sickness. © Check here if your children have health insurance to including CHIP or Medic	PART 6. CHILDREN'S ETHNIC AI	ND RACIAL IDE	ENTITIES	S (OPTIONAL)						
Not Hispanic/Latino White Native Hawaiian/Other Pacific Islander White Native Hawaiian/Other Pacific Islander White Native Hawaiian/Other Pacific Islander Ne Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approur child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. To coll ascerulty number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP). Temporary Assistance leady Families (TAMF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate the adult household member signing the application does not have a social security number. We will use your information to determine if your child or when you indicate the adult household member signing the application does not have a social security number. We will use your information to determine if your child or when you indicate the adult household member signing the application does not have a social security number. We will use your information to determine if your child or with each of a durition programs to help them evaluate, fund, or determine benefits for their programs. We MAY share your eligibility information with education, health, and utilition program rules. SHARING INFORMATION WITH MEDICAID / CHIP Dear Parent/Guardian: If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the Children's Health Insurance Program (CHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness. © Check here if your children have health insurance (including CHIP or Medicaid). Because health insurance is so important to children's well-b	Choose one ethnicity	Choose one o	or more (regardless of ethni	city)					
See of Information Statement The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approur child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The ocial security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance leady Families (TANP) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate need adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or educed price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and utilition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look intribiolations of program rules. SHARING INFORMATION WITH MEDICAID / CHIP Dear Parent/Guardian: If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the Children's Health Insurance Program (CHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness. © Check here if your children have health insurance (including CHIP or Medicaid). Because health insurance is so important to children's well-being, the law allows us to tell Medicaid and CHIP that your children are eligible for free or reduced price meals, unless you tell us not to. Medicaid and CHIP only use the information to identify children who may be eligible for their programs. Program officials may contact		Asian	■ Ame	erican Indian/Alas	kan Native		Black (or Africa	n American	
The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approur child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The coial security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP). Temporary Assistance leady Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) chalfer for Pour child or when you indicate the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or educed price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and utrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look intiolations of program rules. SHARING INFORMATION WITH MEDICAID / CHIP Dear Parent/Guardian: If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the Children's Health Insurance Program (CHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness. © Check here if your children have health insurance (including CHIP or Medicaid). Because health insurance is so important to children's well-being, the law allows us to tell Medicaid and CHIP that your children are eligible for free or reduced price meals, unless you tell us not to. Medicaid and CHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer enroll your children. Filling out the Free and Reduc	Not Hispanic/Latino	White	Nati	ve Hawaiian/Othe	r Pacific Islande	er				
our child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The coial security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP). Temporary Assistance ledy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child rowhen you indicate he adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or educed price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and utrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look inticitations of program rules. SHARING INFORMATION WITH MEDICAID / CHIP Dear Parent/Guardian: If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the Children's Health Insurance Program (CHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness. © Check here if your children have health insurance (including CHIP or Medicaid). Because health insurance is so important to children's well-being, the law allows us to tell Medicaid and CHIP that your children are eligible for free or reduced price meals, unless you tell us not to. Medicaid and CHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer enroll your children. Filling out the Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program. CHIP is a state health insurance pl	Jse of Information Statement									
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unless you tell us not to. Medicaid and CHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance. If you do not want us to share your information with Medicaid or CHIP, select the option below (this will not change whether your children get free or reduced price meals). No! I DO NOT want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program. CHIP is a state health insurance plan for uninsured Utah children. Families who do not have other insurance may qualify. For more information or to apply, call or visit: 1-877-KIDS-NOW	educed price meals, and for administration programs to help them evaluate, violations of program rules. SHARING INFORMATION WITH Market Parent/Guardian: If your children get free or reduced price Program (CHIP). Children with health ins	MEDICAID / CHI	ent of the lue benefits IP / may also kely to get	inch and breakfast pro for their programs, au be able to get free or I regular health care an	ograms. We MAY sh ditors for program re ow-cost health insure d are less likely to m	nare your eli eviews, and	igibility inform	nation with ment official	education, health Ils to help them lo	, and ok int
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Families who do not have other insurance may qualify. For more information or to apply, call or visit: 1-877-KIDS-NOW	educed price meals, and for administration programs to help them evaluate, violations of program rules. SHARING INFORMATION WITH Market Parent/Guardian: If your children get free or reduced price Program (CHIP). Children with health ins Check here if your children because health insurance is so important unless you tell us not to. Medicaid and enroll your children. Filling out the Free a lif you do not want us to share your inform	MEDICAID / CHI school meals, they surance are more lift ren have health i to children's well- I CHIP only use the and Reduced Price mation with Medicain	ent of the lue benefits IP / may also get insurance being, the informatic School Me id or CHIP	be able to get free or I regular health care and e (including CHIP of law allows us to tell Month of the didn't care and the sale Application does not select the option below.	ow-cost health insurad are less likely to m r Medicaid). edicaid and CHIP the tho may be eligible foot automatically enrow (this will not change)	ance through ance through ance through ance through at your child or their progoll your child ge whether your child.	igibility inform I law enforce h Medicaid o because of sie fren are eligib grams. Progra dren in health	r the Childrackness.	education, health lls to help them lo en's Health Insura or reduced price m may contact you to	, and ok introduced in the second sec
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TTTT: Towns and the state of th	educed price meals, and for administration programs to help them evaluate, violations of program rules. SHARING INFORMATION WITH Market Parent/Guardian: If your children get free or reduced price Program (CHIP). Children with health ins Check here if your children because health insurance is so important unless you tell us not to. Medicaid and enroll your children. Filling out the Free a lif you do not want us to share your inform	ion and enforceme, fund, or determined with the children's well-land Reduced Price mation with Medical primation from my	ent of the lue benefits IP IP I may also kely to get insurance being, the enformation School Medid or CHIP I Free an I Free an I sa state Families v	be able to get free or I regular health care an el (including CHIP or law allows us to tell Monto identify children weals Application does not select the option below the company of the	ow-cost health insurad are less likely to many be eligible for the automatically enrow (this will not change chool Meals Appliance Program for uninsured Utah cinsurance may quality apply, call or visiti	ance through ance through ance through ance through ance through ance through ance the rough ance the rough ance through ance the rough ance	igibility inform I law enforce h Medicaid o because of sie fren are eligib grams. Progra dren in health	r the Childrackness.	education, health lls to help them lo en's Health Insura or reduced price m may contact you to	, and ok introduced in the second sec

$\pmb{\text{CHIP}}$ - This information will be printed on the CHIP Contact Report to turn into the health department.



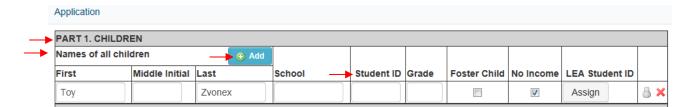
Create New Application - Search for an application « Create New Application »

When adding information to an application, users need to always add the information exactly like it is on the paper application for auditing.



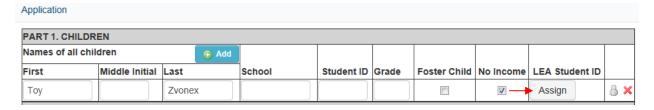
Part 1 - CHILDREN -

Add Names of all household children



Student ID field is for adding what is on the paper application or has been entered on the online application and doesn't link the student with the school database.

Assign- searches for the student in the database to link to the application.



Select the student to assign to the application by clicking on the student information.



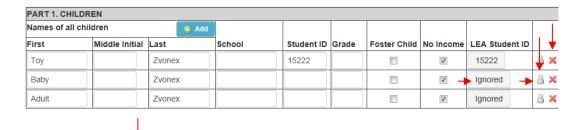
The student's LEA Student ID will be added to the application from the enrolled students. **LEA Student ID - added from** Student ID - entered from paper application or online school database Foster Child No Income LEA Student ID School Student ID Grade First Middle Initial Last 15222 15222 Toy Zvonex 1 🔠 🗶 No Student ID was entered from PART 1. CHILDREN paper application or online Names of all children LEA Student ID Middle Initial Last School Student ID Grade Foster Child No Inco



Household members - Names of all children

How to add a household member who is not enrolled in a school.

Add the household member first and then - Select – the icon lambda - this will ignore the household member who isn't enrolled in school but, will include them in the number of household members for income eligibility verification.



Selecting the icon × - deletes the added household member when needed.

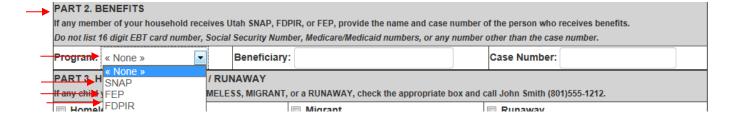
Part 2. BENEFITS -

Program – Select the program if a student(s) applicant is assigned a SNAP,FEP, or FDPIR number

SNAP: Supplemental Nutrition Assistance Program (Federal Number)

FEP: Federal Employee Plan (Federal Number)

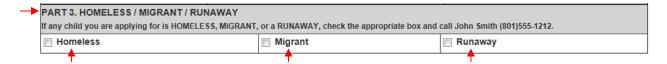
FDPIR: Food Distribution Program or Indian Reservations (Federal Number)



If the applicant doesn't have a SNAP,FEP, or FDPIR federally assigned number, skip the BENEFITS part of the application.



Part 3. HOMELESS / MIGRANT / RUNAWAY -



Part 4. TOTAL HOUSEHOLD GROSS INCOME

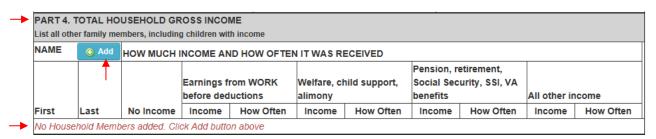
Enter the name(s) of the household members you haven't listed above.



Click Add

to add household members.

Enter all household gross income information



Part 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

PART 5. SIGNATURE AND LAST FOUR	R DIGITS OF SO	CIAL SECURITY NUI	MBER (AD	JLT MUS	T SIGN)	
An adult household member must sign the appli	ication. If Part 4 is co	ompleted, the adult sign	ing the forn	also must	t list the last four dig	its of his or her Social Security
Number or mark the "I do not have a Social S	Security Number" b	ox. (See Privacy Act State	ement on the	back of this	s page.)	
I certify (promise) that all information on this app	olication is true and t	hat all income is reported	I understan	that the so	chool will get Federal f	unds based on the information I
give. I understand that school officials may verify	y (check) the informa	ation. I understand that if I	purposely g	ve false info	ormation, my children	may lose meal benefits, and I may
be prosecuted.						
Signature						
I certify that I am furnishing true information	n and am advised tha	at this application is being	made in cor	nection with	n the receipt of Federa	l funds
School officials may verify the information of	on the application					
Deliberate misrepresentation of the information	ation may subject the	applicant to prosecution	under State	and Federal	l statutes	
Dy sheeking the this hay I serve to	a ha harrad by th					
By checking the this box, I agree to	b be bound by tr	ie preceding statem	ents			
Applicant Information						
First Name:			Last Nam	e:		
Address 1:			Phone Nu	mber:		
Address 2:						
City:			State: «	State »	•	Zip Code:
Social Security Number						
Last four digits of Social Security Nun	nber: ***-**-		■ I do n	ot have a	Social Security N	umber
While disclosure of the last 4 digits of a social se	ecurity number is vol	luntary the National School	ol Lunch Act	equires the	last 4 digits of a socia	al security number or an indication
of "none" for approval of the application.						

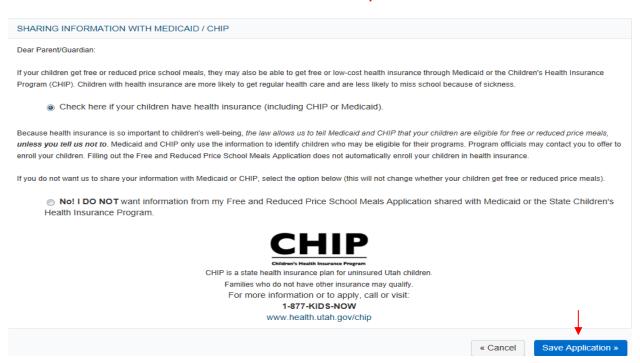


Part 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

PART 6. CHILDREN'S ETHNIC AN	ND RACIAL IDI	ENTITIES (OPTIONAL)	
Choose one ethnicity	Choose one o	or more (regardless of ethnicity)	
Hispanic/Latino	Asian	American Indian/Alaskan Native	Black or African American
Not Hispanic/Latino	White	Native Hawaiian/Other Pacific Islander	
Use of Information Statement			
The Richard B. Russell National School L	unch Act requires	the information on this application. You do not have to give the	ne information, but if you do not, we cannot approve
your child for free or reduced price meals	. You must include	e the last four digits of the social security number of the adult	household member who signs the application. The
social security number is not required who	en you apply on b	ehalf of a foster child or you list a Supplemental Nutrition Assi	stance Program (SNAP), Temporary Assistance for
Needy Families (TANF) Program or Food	Distribution Prog	ram on Indian Reservations (FDPIR) case number or other FI	OPIR identifier for your child or when you indicate that
the adult household member signing the	application does n	ot have a social security number. We will use your information	n to determine if your child is eligible for free or
reduced price meals, and for administration	on and enforceme	nt of the lunch and breakfast programs. We MAY share your	eligibility information with education, health, and
nutrition programs to help them evaluate,	fund, or determin	e benefits for their programs, auditors for program reviews, ar	nd law enforcement officials to help them look into
violations of program rules.			

CHIP - Children's Health Insurance Program

SHARING INFORMATION WITH MEDICAID / CHIP

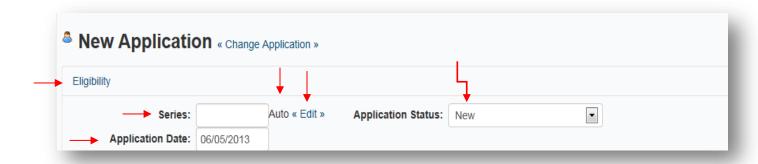


CHIP – Filling out this information will be printed on the CHIP Contact Report to turn into the health department.

When finished - Save Application



Eligibility -

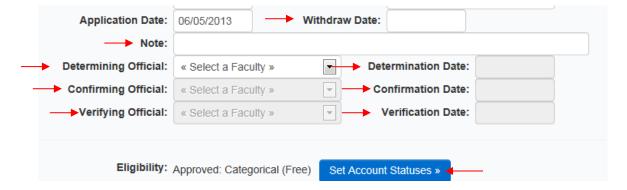


Eligibility – will be the last part of the application a user will complete.

Series (number): is Auto - automatically generated or this field can be edited to add an application number to a known series number, but most of the time should not be edited.

Application Status: is set to 'New' until the status is set by selecting – Set Account Statuses »

Application Date: defaults to the day you are entering the information.



Withdraw Date: enter date the applicant or user withdraws the application.

Note: used for information to clarify the information, such as waiting for more income information, etc.

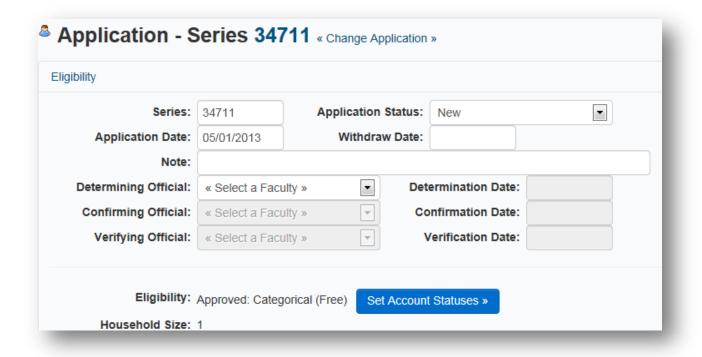


When application is finished: Set Account Statuses Set Account Statuses





Set Account Statuses

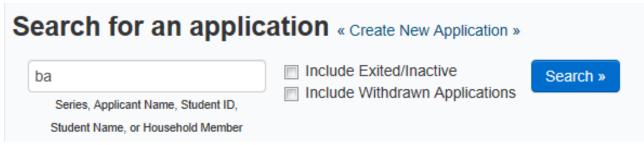


Once a user has Set Account Statuses – The application is no longer accessed to editing. To change an application

Making changes to an existing application - Re - Apply



Search for an Application – Search by - Series, Applicant Name, Student ID, Student Name, or Household Member







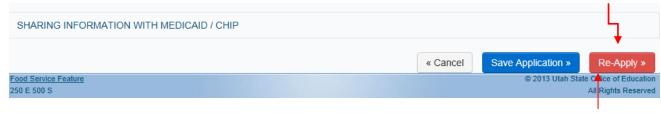
Select Edit

- on application for setting status for students -

ba Series, Applicant Name, Student ID, Student Name, or Household Member		 ☐ Include Exited/Inactive ☐ Include Withdrawn Applications 		Search »				1
Series	Applicant	Date	Status	Student Name	Student ID	Birthdate	School	4
9670	KRISTA BATT	7/1/2012	Income Approved - Free	Jerrald Bautner	27057	9/4/2001	Alfredo Elementary School	<u>≧</u> Edit
9669	YOLANDA BARKUS	8/22/2012	Income Approved - Free	Hazael Banzhat	31791	8/31/2001	Mott Elementary School	<u>≧</u> Edit
1046	Suzie Attridge	8/21/2012	Income Approved - Reduced	Kennley Bauckma	22261	5/1/1997	Dunbar High School	<u>≧</u> Edit
				Chealsie Isles	22260	9/27/1994	Dunbar High School	
80872	LETICIA TORRES	7/2/2012	Categorical Approved - Free	Vernanda Barfield	14854	1/26/1994	Dunbar High School	<u>≧</u> Edit
1360	MICHAEL DIXON	7/2/2012	Categorical Approved - Free	Hessam Barlocker	26904	11/16/2001	Sandavold Canyon Elementary Scho	<u>≧</u> Edit
32354	SHANI FACTOR	7/2/2012	Categorical Approved - Free	A-Tyler Barrera	20374	5/18/2000	Big Town Jr High School	<u></u> Edit

application.

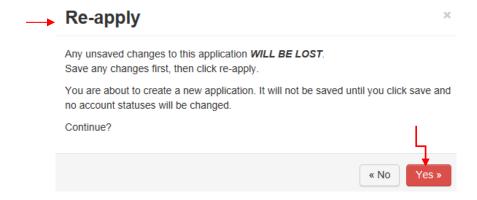








This is just a warning - select Yes to continue with the Re-Apply



If you have added or changed information on the application, Save the changes first and then Re-Apply.

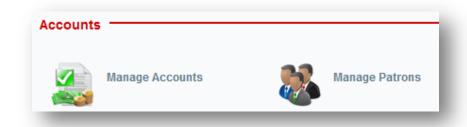
Re-Apply creates another application and adds the new application to the series. The original application is not changed but, a new application is created and linked to the original.

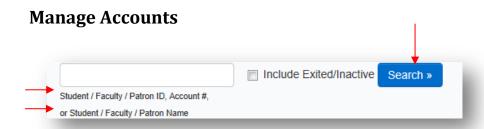


To check the status of an application for a student -

Go to:

Accounts

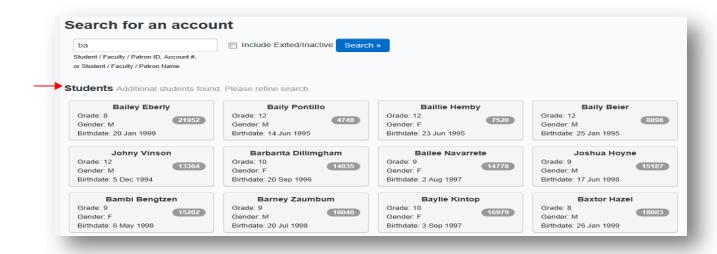




Include Exited/Inactive Students

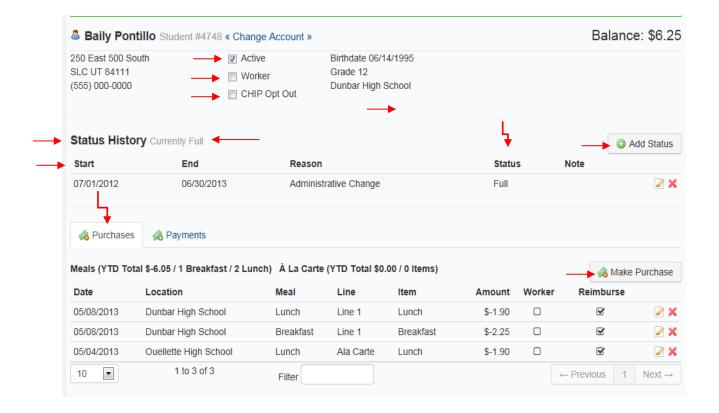
Search by Student, Faculty, or Patron – ID Number Search by Student, Faculty, or Patron – Name

Searches will pull up multiple types of users for faster searches





Status History (Free/Reduced/Full Pay) - displays student's status information **Add Status -** a change in status can be added



If you need any assistance, please contact your SIS2000+ specialist.